

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date:: 10/07/03

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF:: SHARED NETWORK ACCESS USING
DIFFERENT ACCESS KEYS

Title :

Attorney Docket Number:: 62922.4

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 13

Small Entity?:: Yes

Petition Included?:: No

Petition Type::

Licensed US Government Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Application?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship US
Country::
Status:: Full Capacity

Applicant Given Name:: Anthony
Middle Name:: C.
Family Name:: FASCENDA
Name Suffix::
City of Residence:: North Bethesda
State or Province of Residence:: Maryland
Country of Residence:: US
Street of Mailing Address Line One:: 11134 Stephalee Lane
Street of Mailing Address Line Two::
City of Mailing Address:: North Bethesda
State or Province of Mailing Address:: Maryland
Country of Mailing Address:: US
Postal or Zip Code:: 20582

Correspondence Information

Correspondence Customer No.: 21967
Name:: HUNTON & WILLIAMS LLP
Street of Mailing Address Line One:: 1900 K Street, N.W.
Street of Mailing Address Line Two:: Suite 1200
City of Mailing Address: Washington
State or Province of Mailing Address:: DC
Country of Mailing Address:: USA
Postal or Zip Code:: 20006-1109
Telephone Number:: (202) 955-1500
Facsimile Number:: (202) 778-2201

E-Mail Address::

tcoddigton@hunton.com

Representative Information

Representative Customer Number:: 21967

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
60/416,583	Provisional		
60/447,921	Provisional		
60/422,474	Provisional		

Foreign Priority Information

Country:	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address Line One::

Street of Mailing Address Line Two::

City of Mailing Address::

State of Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code::